

740

42A740

Department of Revenue

KENTUCKY INDIVIDUAL INCOME TAX RETURN

Full-Year Residents Only

2005

 For calendar year or
other taxable year beginning _____, 2005, and ending _____, 200__

 A. Spouse's Social Security Number
400004271

 B. Your Social Security Number
400004221

Name – Last, First, Middle Initial (Joint or combined return, give both names and initials.)

CHARITY TEST L
CHARITY MARY B

 Mailing Address (Number and Street or PO Box)
923 HOPE ST

Apartment Number

 City, Town or Post Office
FRANKFORT

 State
KY

 Zip Code
40601

TEST 8

FILING STATUS (see instructions) Field 0305

1. ☐ Single
2. ☒ Married, filing separately on this combined return. (If both had income.)
3. ☐ Married, filing joint return.
4. ☐ Married, filing separate returns. Enter spouse's social security number above and full name here.

POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input checked="" type="checkbox"/>	(4) <input type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>

Field 0305

Field 0305

INCOME

5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4 (If total of Columns A and B is \$25,736 or less, you may qualify for the Family Size Tax Credit. See instructions.)

6 Additions from Schedule M, line 6.

7 Add lines 5 and 6.

8 Subtractions from Schedule M, line 16

9 Subtract line 8 from line 7. This is your **Kentucky Adjusted Gross Income**.10 **Itemizers**: Enter itemized deductions from Kentucky Schedule A.
Non-itemizers: Enter \$1,910 in Columns A and/or B.

11 Subtract line 10 from line 9. This is your Taxable Income.

12 Enter Tax from from Tax Table, Computation or Schedule J.

Check if from Schedule J. ☐13 Enter tax from Form 4972-K ☐ Schedule RCR ☐

14 Add lines 12 and 13 and enter total here.

15 Enter amounts from page 2, Section A, lines 13A and 13B.

16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero.

17 Enter amounts from Page 2, Section B, lines 4A and 4B.

18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero.

19 Add tax amount(s) in Columns A and B, line 18 and enter here.

20 Check the box that represents your total family size (see instructions for lines 20 and 21) **Field 0320**21 Multiply line 19 by the **Family Size Tax Credit** decimal amount ____ (100%) and enter here

22 Subtract line 21 from line 19.

23 Enter **Education Tuition Tax Credit** from Form 8863-K

24 Subtract line 23 from line 22

25 Enter **Child and Dependent Care Credit**from federal Form 2441, line 9 **.00** X 20% (.20)

26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero.

27 Enter **KENTUCKY USE TAX** from worksheet in the instructions.28 Add lines 26 and 27. Enter here and on page 2, line 29. This is your **Total Tax Liability**.

A. Spouse (Use if Filing Status 2 is checked.)

B. Yourself (or Joint)

34295.00**42356.00****0.00****0.00****34295.00****42356.00****0.00****1658.00****34295.00****40698.00****4093.00****4858.00****30202.00****35840.00****1571.00****1895.00****0.00****.00****1571.00****1895.00****0.00****745.00****1571.00****1150.00****20.00****80.00****1551.00****1070.00****2621.00****1 2 3 4 X****0.00****2621.00****.00****2621.00****0.00****2621.00****0.00****2621.00****2621.00**

Attach a complete copy of federal Form 1040 if you received

Farm, business, or rental income or loss. If not required, check here ☐

Do you wish to receive

a packet next year? (check one) 1 ☐ Yes 2 ☒ No

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint or combined return, both must sign) _____ Spouse's Signature _____

Date Signed _____

Telephone Number (daytime) _____

Typed or Printed Name of Preparer Other than Taxpayer _____

I.D. Number of Preparer _____

Date _____

REFUND/TAX PAYMENT SUMMARY

29 Enter Total Tax Liability from Page 1, line 28.

30 (a) Enter **Kentucky income tax withheld** as shown on **attached**

2005 Form W-2(s), and other supporting statements.

30(a) **450.00**

(b) Enter 2005 Kentucky estimated tax payments.

30(b)

(c) Enter Kentucky corporation income tax credit (KRS 141.420(3) (c))

30(c)

31 Add lines 30(a) through 30(c).

450.0032 If line 31 is larger than line 29, enter **AMOUNT OVERPAID** (see instructions).

See instructions for a detailed description of funds.

33 **Nature and Wildlife Fund Contribution**\$2 \$5 \$10 Other **0.00**34 **Child Victims' Trust Fund Contribution**\$2 \$4 Other **0.00**35 **Veterans' Program Trust Fund Contribution** **0.00**36 **Breast Cancer Research and Education Trust Fund Contribution** **0.00**

37 Add lines 33 through 36.....

0.0038 Amount of line 32 to be **CREDITED** to your 2006 **ESTIMATED TAX**.....39 Subtract lines 37 and 38 from line 32. Amount to be **REFUNDED TO YOU**.....**0.00****TAX PAYMENT SUMMARY**40 If line 29 is larger than line 31, enter **ADDITIONAL TAX DUE**.....**2171.00**

41 (a) Estimated tax penalty

(c) Late payment penalty

X Check if Form 2210-K attached

(d) Late filing penalty

(b) Interest

(e) Add lines 41(a) through 41(d).

Enter here..... 41(e)

0.0042 Add lines 40 and 41(e) and enter here. This is the **AMOUNT YOU OWE**.....**2171.00**

Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2005" on the check.

Staple check on top of attached wage and tax statements on page 1.

SECTION A: BUSINESS INCENTIVE AND OTHER TAX CREDITS

	A. Spouse	B. Yourself (or Joint)
1 Enter nonrefundable Kentucky corporation income tax credit (KRS 141.420(3))		
2 Enter skills training investment credit (attach copy(ies) of certification).		
3 Enter historic preservation restoration credit.		
4 Enter credit for tax paid to another state (attach copy of return(s) filed with other state).		
5 Enter unemployment credit (attach Schedule UTC).		
6 Enter recycling and/or composting equipment credit (attach Schedule RC).		
7 Enter Kentucky Investment Fund credit (attach copy(ies) of certification).		
8 Enter credit for purchases of Kentucky coal used for generating electricity.		
9 Enter qualified research facility credit (attach Schedule QR).		
10 Enter GED Incentive credit (attach Form DAEL-31).		
11 Enter environmental remediation credit (Brownfields).		
12 Enter biodiesel credit.		
13 Add lines 1 through 12, Columns A and B. Enter here and on page 1, line 15.		745.00

SECTION B: PERSONAL TAX CREDITS

	Check Regular	Check both if 65 or over	Check both if blind	
1 (a) Credits for yourself:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1. Enter number of boxes checked on line 1 02
(b) Credits for spouse:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
2 DEPENDENTS				2. Enter number of dependents who: lived with you 03 did not live with you (see instr) 00 other dependents 00
	Dependent's	Dependents	* check if qualifying	
First Name	Last Name	social security number	relationship to you	child for family size tax credit
JEFFREY	CHARITY	400553021	SON	<input checked="" type="checkbox"/>
SAMUEL	CHARITY	400554021	SON	<input checked="" type="checkbox"/>
SANDRA	CHARITY	400555021	DAUGHTER	<input checked="" type="checkbox"/>
3 Add total number of credits claimed on lines 1 and 2. If married filing separately on a combined.. return (Filing Status 2), Each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B.				
4 Multiply credits on lines 3A by \$20 and enter on line 4A. Multiply credits on lines 3B by \$20 and enter .. on line 4B. Enter here and on page 1, line 17, Columns A and B.....				
				01 3A 04 3B X \$20 X \$20 20 4A 80 4B

SECTION C – FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number
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SCHEDULE MForm 740
42A740-M

Department of Revenue

**KENTUCKY
FEDERAL ADJUSTED GROSS INCOME
MODIFICATIONS**

Attach to Form 740.

2005

Enter name(s) as shown on tax return.

CHARITY TEST L & MARY B

Your Social Security Number

400-00-4221**PART I ADDITIONS TO FEDERAL
ADJUSTED GROSS INCOME****A.** Spouse (Use if Filing Status 2 is checked.)**B.** Yourself (or Joint)

- 1 Enter interest income from bonds issued by other states and their political subdivisions..... 1
- 2 Enter self-employed health insurance deduction from federal Form 1040, line 29 2
- 3 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1 3
- 4 Enter federal depreciation from Form 4562..... 4
- 5 Other additions (specify):
(a)
(b)
(c) 5
- 6 Total Additions. Enter here and on Form 740, page 1, line 6 6

**PART II SUBTRACTIONS FROM FEDERAL
ADJUSTED GROSS INCOME**

- 7 Enter state income tax refund or credit reported as income on federal Form 1040..... 7
- 8 Enter interest income from U.S. government bonds and securities..... 8
- 9 Enter excludable amount of retirement income (attach Schedule P if more than \$41,110)..... 9
- 10 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b))..... 10
- 11 Enter long-term care insurance premiums..... 11
- 12 Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars (see instructions)..... 12
- 13 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1 13
- 14 Enter Kentucky depreciation from Form 4562-K.. 14
- 15 Other subtractions (specify):
(a) **CHILD'S INCOME**
(b)
(c) 15
- 16 Total Subtractions. Enter here and on Form 740, page 1, line 12 16

1658.00**1658.00**

SCHEDULE A
Form 740
Department of Revenue

KENTUCKY ITEMIZED DEDUCTIONS
➤ Attach to Form 740. ➤ See instructions.

2005

Enter name(s) as shown on Form 740, page 1.

CHARITY TEST L & MARY B

Your Social Security Number
400-00-4221

Do not include expenses reimbursed or paid by others.		
Medical and Dental Expenses	1. Medical and dental expenses 1	
	2. Enter 7.5% (.075) of the amount from Form 740, line 9 2	
	3. Total medical and dental. Subtract line 2 from line 1. If zero or less, enter -0- 3	
Taxes <i>Note:</i> Sales and use taxes are not deductible.	4. Local income taxes (do not include state income tax) 4	
	5. Real estate taxes 5	
	6. Personal property taxes 6	800.00
	7. Other taxes (list) 7	
	8. Total taxes. Add lines 4 through 7. Enter here 8	800.00
Interest Expense <i>Note:</i> Personal interest is not deductible.	9. Home mortgage interest and points reported to you on federal Form 1098 9	4700.00
	10. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's name and address) 10	
	11. Points not reported to you on federal Form 1098 (see instructions for special rules) 11	
	12. Investment interest (attach federal Form 4952 if required) 12	
	13. Total interest. Add lines 9 through 12. Enter here 13	4700.00
	14. Contributions by cash or check 14	400.00
Contributions <i>Note:</i> For any contribution of \$250 or more, see instructions.	15. Other than cash or check (attach federal Form 8283 if over \$500) 15	
	16. Artistic charitable contributions deduction (attach schedule) 16	
	17. Carryover from prior year 17	
	18. Total contributions. Add lines 14 through 17. Enter here 18	400.00
Casualty and Theft Losses	19. Enter amount from attached federal Form 4684, Section A, line 16 19	
	20. Enter 10% (.10) of the amount from Form 740, line 9 ... 20	
	21. Total casualty or theft loss(es). Subtract line 20 from line 19. If zero or less, enter -0- 21	
Job Expenses and Most Other Miscellaneous Deductions	22. Unreimbursed employee expenses—job travel, union dues, job education, etc. (attach federal Form 2106 or 2106-EZ if applicable) list 22	4551.00
	23. Tax preparation fees 23	
	24. Other (investment, safe deposit box, etc.) list 24	
	25. Add the amounts on lines 22, 23 and 24. Enter here ... 25	4551.00
	26. Enter 2% (.02) of the amount from Form 740, line 9 26	1500.00
	27. Total. Subtract line 26 from line 25. If zero or less, enter -0- 27	3051.00
Other Miscellaneous Deductions	28. Other (see instructions) list 28	
Total Itemized Deductions	29. Add lines 3, 8, 13, 18, 21, 27 and 28. Enter here 29	8951.00

★ If single or married filing jointly and your income for Form 740, Column B does not exceed \$145,950, enter total itemized deductions on Form 740, line 10, Column B.

★ All others go to page 2.

If the amount on Form 740, line 13, exceeds \$145,950 (\$72,975 if married filing separately on a combined return or separate returns), skip Part I and complete Part II.

PART I—DIVIDING DEDUCTIONS BETWEEN SPOUSES

Use this schedule if married filing separately on a combined return.

1. Total itemized deductions from page 1, line 29.....	8951.00
2. Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	45.73 %
3. Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	54.27 %
4. Percent on line 1 times total deductions entered on page 1, line 29 (enter here and on Form 740, line 10, Column A)	4093.00
5. Percent on line 2 times total deductions entered on page 1, line 29 (enter here and on Form 740, line 10, Column B)	4858.00

PART II—ITEMIZED DEDUCTIONS LIMITATION SCHEDULE

Use this schedule if the adjusted gross income on Form 740, line 9, exceeds \$145,950 (\$72,975 if married filing separately on a combined return or separate returns).

	A. Spouse	B. Yourself (or Joint)
<ul style="list-style-type: none"> If married filing separately on a combined return, enter in Column A the percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B); enter in Column B the percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B). If single, married filing a joint return or married filing separate returns, enter 100% in Column B. 	%	%
1. Multiply the amount on Schedule A, line 29, by the percent of income shown in Columns A and/or B	1.	1.
2. Add the amounts on Schedule A, lines 3, 12 and 21, plus any gambling losses included on line 28 and multiply by the percent of income shown in Columns A and/or B	2.	2.
<i>Note: Be sure your total gambling losses are clearly identified on line 28.</i>		
3. Subtract the amount on line 2 from the amount on line 1. (If the result is zero, STOP HERE ; enter the amount from line 1 above on Form 740, line 10.)	3.	3.
4. Multiply the amount on line 3 above by 80% (.80)	4.	4.
5. Enter the amount from Form 740, line 9	5.	5.
6. Enter \$145,950 (\$72,975 if married filing separately on a combined return or separate returns)	6.	6.
7. Subtract the amount on line 6 from the amount on line 5. (If the result is zero or less, STOP HERE ; enter the amount from line 1 above on Form 740, line 10.)	7.	7.
8. Multiply the amount on line 7 above by 3% (.03)	8.	8.
9. Compare the amounts on lines 4 and 8 above. Enter the smaller of the two amounts here	9.	9.
10. Total itemized deductions. Subtract the amount on line 9 from the amount on line 1. Enter the result here and on Form 740, line 10	10.	10.

2210-K

42A740-S1

Commonwealth of Kentucky
DEPARTMENT OF REVENUE**UNDERPAYMENT OF ESTIMATED TAX
BY INDIVIDUALS****➤ Attach to Form 740 or 740-NP.****2005**

Enter name(s) as shown on page 1, Form 740 or 740-NP.

CHARITY TEST L & MARY B

Your Social Security Number

400004221**PART I—EXCEPTIONS AND EXCLUSIONS**

The penalty may be waived if, *and only if*, one of the following conditions is met. If one or more of the following applies to you, check the appropriate block(s), complete any necessary blank(s) and check the "Form 2210-K attached" block on Form 740, line 41a (Form 740-NP, line 41a). **If none of the exceptions apply, go to Part II.**

Check applicable block(s).

1. The taxpayer died during the taxable year.
2. Two-thirds ($\frac{2}{3}$) or more of the gross income was from farming; this return is being filed on or before March 1, 2006; **and** the total tax due is being paid in full. Fiscal year taxpayers must file a return and pay the tax due on or before the first day of the third month following the close of the tax year.
 - a. Enter total gross income
 - b. Multiply by $\frac{2}{3}$ (.67)
 - c. Enter gross income from farming

Line (c) must **equal or exceed** line (b) to qualify for the exception.

3. ☒ Prepaid tax **equals or exceeds** last year's income tax liability.
 - a. Enter the liability from the 2004 return, Form 740, line 22;
Form 740-NP, line 18;
 - b. Enter amount from the 2005 Form 740, line 31 (Form 740-NP, page 2, line 31)*

Line (b) must **equal or exceed** line (a) to claim the exception.**425.00****450.00****PART II—FIGURING THE UNDERPAYMENT AND PENALTY** (Complete only if the **additional tax due exceeds \$500**)

1. a. Enter 2005 income tax liability from Form 740, line 26 (Form 740-NP, page 1, line 26)	1a	.00
b. Enter credit for taxes paid to another state from Form 740, Section A, line 4 (Form 740-NP, Section A, line 4)	1b	.00
c. Total (add lines 1a and 1b)	1c	.00
2. Percentage of liability required to be prepaid is 70%	2.	x .7
3. Multiply line 1c by line 2	3.	.00
4. Enter the amount from Form 740, line 31 (Form 740-NP, page 2, line 31)*	4a.	.00
b. Enter credit for taxes paid to another state from Form 740, Section A, line 4 (Form 740-NP, Section A, line 4)	4b	.00
c. Total (add lines 4a and 4b)	4c	.00
5. Subtract line 4c from line 3 (If line 4c exceeds line 3, no penalty applies.)	5.	.00
6. Penalty percentage is 10%	6.	x .1
7. Multiply line 5 by line 6. This is the amount of the penalty for underpayment of estimated tax (minimum penalty \$25)	7.	.00

Form 740—Enter this amount on Form 740, line 41a, check the "Form 2210-K attached" box.**Form 740-NP**—Enter this amount on Form 740-NP, line 41a, and check the "Form 2210-K attached" box.

To avoid underpayment penalty in the future, obtain and file Form 740-ES.

*Do not include amounts prepaid with extension after the due date of the fourth declaration installment.

Kentucky Worksheet A

Credit for Taxes Paid to Other State

Kentucky Residents / Part-year Residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, line 3.

Recipient Name

CHARITY

Recipient First Name

TEST

Name of other state

GA

- | | |
|--|----------|
| 1. List Kentucky taxable from Form 740, line 11. | 35840.00 |
| 2. List any gambling losses from Schedule A, line 28. | 0.00 |
| 3. Add lines 1 and 2 and enter total here. | 35840.00 |
| 4. List income reported to state listed above that is included on Kentucky return. | 10000.00 |
| 5. Subtract line 4 from line 3 and enter total here. | 25840.00 |
| 6. Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored. | 0.00 |
| 7. Subtract line 6 from line 5 and enter total here. | 25840.00 |
| 8. Enter Kentucky tax on income amount on line 7. | 1315.00 |
| 9. Enter Kentucky tax on income amount on line 1. | 1895.00 |
| 10. Subtract line 8 from line 9. This is the tax savings on return if other states income is ignored. | 580.00 |
| 11. Enter tax paid to other state on income claimed on Kentucky return. | 248.00 |
| 12. Enter the lesser of line 10 or line 11. This is your credit for tax paid other state. Carry this total to Form 740, Section A, line 3. | 248.00 |

Kentucky Worksheet A

Credit for Taxes Paid to Other State

Kentucky Residents / Part-year Residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, line 3.

Recipient Name

CHARITY

Recipient First Name

TEST

Name of other state

VA

- | | |
|--|----------|
| 1. List Kentucky taxable from Form 740, line 11. | 35840.00 |
| 2. List any gambling losses from Schedule A, line 28. | 0.00 |
| 3. Add lines 1 and 2 and enter total here. | 35840.00 |
| 4. List income reported to state listed above that is included on Kentucky return. | 5000.00 |
| 5. Subtract line 4 from line 3 and enter total here. | 30840.00 |
| 6. Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored. | 0.00 |
| 7. Subtract line 6 from line 5 and enter total here. | 30840.00 |
| 8. Enter Kentucky tax on income amount on line 7. | 1605.00 |
| 9. Enter Kentucky tax on income amount on line 1. | 1895.00 |
| 10. Subtract line 8 from line 9. This is the tax savings on return if other states income is ignored. | 290.00 |
| 11. Enter tax paid to other state on income claimed on Kentucky return. | 124.00 |
| 12. Enter the lesser of line 10 or line 11. This is your credit for tax paid other state. Carry this total to Form 740, Section A, line 3. | 124.00 |

Kentucky Worksheet A

Credit for Taxes Paid to Other State

Kentucky Residents / Part-year Residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, line 3.

Recipient Name

CHARITY

Recipient First Name

TEST

Name of other state

AL

- | | |
|--|-----------------|
| 1. List Kentucky taxable from Form 740, line 11. | 35840.00 |
| 2. List any gambling losses from Schedule A, line 28. | 0.00 |
| 3. Add lines 1 and 2 and enter total here. | 35840.00 |
| 4. List income reported to state listed above that is included on Kentucky return. | 15000.00 |
| 5. Subtract line 4 from line 3 and enter total here. | 20840.00 |
| 6. Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored. | 0.00 |
| 7. Subtract line 6 from line 5 and enter total here. | 20840.00 |
| 8. Enter Kentucky tax on income amount on line 7. | 1025.00 |
| 9. Enter Kentucky tax on income amount on line 1. | 1895.00 |
| 10. Subtract line 8 from line 9. This is the tax savings on return if other states income is ignored. | 875.00 |
| 11. Enter tax paid to other state on income claimed on Kentucky return. | 373.00 |
| 12. Enter the lesser of line 10 or line 11. This is your credit for tax paid other state. Carry this total to Form 740, Section A, line 3. | 373.00 |

Label

(See instructions on page 16.)
Use the IRS label.
Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning		2005, ending	20	OMB. No. 1545-0074
1	Your first name and initial TEST L	Last name CHARITY	Your social security number 400-00-1021	
2	If a joint return, spouse's first name and initial MARY B	Last name CHARITY	Spouse's social security number 400-00-2021	
3	Home address (number and street). If you have a P.O. box, see page 16. 923 HOPE ST		Apt. no.	You must enter your SSN(s) above.
4	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. FAITH NC 28041-0923		Checking a box below will not change your tax or refund.	

Presidential

Election Campaign ☒ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ☐ You ☐ Spouse

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
- 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see page 18)	Boxes checked on 6a and 6b
JEFFREY	CHARITY	400-55-3021	SON	<input checked="" type="checkbox"/>	No. of children on 6c who: ● lived with you 3 ● did not live with you due to divorce or separation (see page 18)
SAMUEL	CHARITY	400-55-4021	SON	<input checked="" type="checkbox"/>	
SANDRA	CHARITY	400-55-5021	DAUGHTER	<input checked="" type="checkbox"/>	

If more than four dependents, see page 18.

d Total number of exemptions claimed 5

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	62,840
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 20)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	57
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 22)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 22)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	16,456
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 24)	20b	
21	Other income. FORM 8814 1,658	21	1,658
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	81,011

Adjusted Gross Income

23	Educator expenses (see page 26)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page XX)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN 400-66-2021	31	1,200
32	IRA deduction (see page XX)	32	1,260
33	Student loan interest deduction (see page XX)	33	
34	Tuition and fees deduction (see page XX)	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,900
37	Subtract line 36 from line 22. This is your adjusted gross income	37	76,651